

<b>Case Number:</b>	CM15-0069768		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old female who sustained an industrial injury on 6/24/13. The injured worker reported symptoms in the neck and bilateral upper extremities. The injured worker was diagnosed as having multilevel cervical disc bulging and cervical radiculopathy. Treatments to date have included physical therapy, trigger point injections, activity modification, and a cervical collar. Currently, the injured worker complains of discomfort in the neck and bilateral upper extremities. The plan of care was for medication prescriptions, diagnostics, bilateral facet block, trigger point injection and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Terocin lotion 180g #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Terocin lotion 180g #1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has discomfort in the neck and bilateral upper extremities. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin lotion 180g #1 is not medically necessary.

**MRI of the cervical spine x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested MRI of the cervical spine x 1, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic. Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has discomfort in the neck and bilateral upper extremities. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurlings sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the cervical spine x 1 is not medically necessary.

**Bilateral facet block at C5, C6, C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Bilateral facet block at C5, C6, C7, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with neck pain that is non- radicular and at no more

than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has discomfort in the neck and bilateral upper extremities. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, Bilateral facet block at C5, C6, C7 is not medically necessary.

**Trigger point injection of the cervical spine x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page 122 Page(s): 122.

**Decision rationale:** The requested Trigger point injection of the cervical spine x 1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has discomfort in the neck and bilateral upper extremities. The treating physician has not documented a twitch response on physical exam nor satisfactory percentage of relief from previous injections. The criteria noted above not having been met, Trigger point injection of the cervical spine x 1 is not medically necessary.